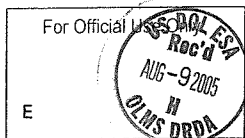


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5031</u>	2. Fiscal Year Covered From:  01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <u>SAMANTHA TANTILLO</u>  P.O. Box, Bldg., Room No., if any  Street <u>106 MEMORIAL PARKWAY</u>  City <u>UTICA</u>  State <u>NY</u> ZIP Code + 4 <u>13501-4887</u>	4. Name, file number, and address of labor organization.  Name <u>UNITED FOOD AND COMMERCIAL WORKERS LOCAL ONE</u> Labor Organization File Number <u>026-854</u>  P.O. Box, Building and Room Number, if any  Street <u>106 MEMORIAL PARKWAY</u>  City <u>UTICA</u>  State <u>NY</u> ZIP Code + 4 <u>13501-4887</u>
5. Position in labor organization. <u>UNION REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

6-27-04

Date

315-797-9600, EXT. 2218

Telephone Number

Name of Person Filing	SAMANTHA TANTILLO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name HGK ASSET MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 525 WASHINGTON BLVD.

City JERSEY CITY

State NJ ZIP Code + 4 07310

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE HEALTH & PENSION FNDS.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES CONSULTING SERVICES TO PENSION FUND. (MANAGES PORTFOLIO)

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

TRUST FUND MEETING DINNER ON 4-24-04

12.b. Amount. \$65.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	SAMANTHA TANTILLO	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NOVAK AND FRANCELLO, CPAS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 920

Street 11 PENNSYLVANIA PLAZA

City NEW YORK

State NY ZIP Code + 4 10001

9. Business deals with:

☒ a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE PENSION & HEALTH FND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES ACCOUNTING SERVICES TO FUNDS AND UNION.

11.b. Approximate dollar value of such dealing. \$60,000.00

12.a. Nature of interest held or income received.

TRUST FUND MEETING DINNER 4-26-04

12.b. Amount. \$55.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	SAMANTHA TANTILLO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SLEVIN AND HART, ESQ.</p> <p>Trade Name, if any.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 MASSACHUSETTS AVE, N.W. SUITE 450</p> <p>City WASHINGTON</p> <p>State DC ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW LOCAL ONE HEALTH &amp; PENSION FNDS.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State NY ZIP Code + 4 13501-4887</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES LEGAL SERVICES TO FUNDS AND LIMITED UNION SERVICES.</p>
	<p>11.b. Approximate dollar value of such dealing. UNKNOWN</p>
	<p>12.a. Nature of interest held or income received.</p> <p>TRUST FUND MEETING DINNER ON 4-25-05.</p>
	<p>12.b. Amount. \$50.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	SAMANTHA TANTILLO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JANUS CAPITAL INVESTMENTS

Trade Name, if any

P.O. Box, Bldg., Room No., if any SUITE 200

Street 2603 CAMINO RAMON

City SAN RAMON

State CA ZIP Code + 4 94583

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

PROVIDES FINANCIAL CONSULTING TO PENSION FUND.

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

TRUST FUND MEETING DINNER.  
4-27-04.

12.b. Amount. \$55.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.